

Massachusetts Center for Health Care Finance and Policy

Hospital Outpatient Observation Data Submission Guide

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center
for health
information
and analysis

CHIA has adopted regulation 114.1 CMR 17.00 to require the reporting of Hospital Inpatient Discharge Data, Outpatient Emergency Department Visit Data and Outpatient Observation Data to CHIA Center for Health Information and Analysis. This document provides the technical and data specifications, including edit specifications required for the Hospital Outpatient Observation Data.

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Outpatient Observation Data Specifications Overview

Outpatient Observation Data reported includes patients who receive observation services and who are not admitted. An example of an outpatient observation stay might be a post surgical day care patient who, after a normal recovery period, continues to require hospital observation, and then is released from the hospital. The Outpatient Observation Data is subject to the same Data Submission Arrangements, Submission Dates and Compliance as the Hospital Inpatient Discharge Data and as required in Regulation 114.1 CMR 17 and within this specification document.

Data File Format

The data for outpatient observation departures must be submitted in an ASCII comma delimiter format. Separate files must be filed for each quarter for each hospital. Inclusion of a patient's Outpatient Observation Data in a quarterly submission shall be based on the patient's ending date of service which must fall within the quarter to be submitted.

Hospitals submitting data in an ASCII comma delimiter format must submit comma delimited data using the following format specifications:

Text Delimiter: Double Quote (")
Field Separator: Comma (,)

Carriage return and line feed must be placed at the end of each record.
The number of characters between quotes must not exceed the maximum length of a field.

ASCII Comma Delimiter Format Example: "20XX","","nnnnnnnnnn","nnnnnnnnnn","nnnnnn"

Data Transmission Media Specifications

Data will be transferred to CHIA via the Internet. In order to do that in a secure manner CHIA's Secure Encryption and Decryption System (SENDS) must be utilized. You must first download a copy of the Secure Encryption and Decryption System (SENDS) from the CHIA web site. There is a separate installation guide for installing the SENDS program. SENDS will take your submission file and compress, encrypt and rename it in preparation of transmitting to CHIA. The newly created encrypted file shall be transferred to CHIA via its INET website. Test files may not be submitted via INET. Test files should be submitted to the CHIA via diskette or CD.

The edit specifications are incorporated into CHIA's system for receiving and editing incoming data. CHIA recommends that data

processing systems incorporate these edits to minimize:

- (a) the potential of unacceptable data reaching CHIA and
- (b) penalties for inadequate compliance as specified in regulation 114.1 CMR 17.

DRAFT

1. Outpatient Observation Data Record Specifications

The media must contain the following data elements in the specified format:

Field No	Field Name:	Data Type:	Length:	Short Description and Edit Specifications:	Error Category
1.	Provider Organization Id (IdOrgFiler)	Character	7	Hospital Organization number for provider: - Must be present - Must be numeric - Must be valid Organization ID as assigned by Center for Health Information and Analysis	A
2.	Site Organization ID (IdOrgSite)	Character	7	Hospital's designated number for multiple service sites merged under one CHIA Organization ID number. - Must be valid Organization ID as assigned by Center for Health Information and Analysis - Must be present if provider is approved to submit multiple campuses in one file	A
3.	Pt_ID	Character	9	- Must be present - Must be valid social security number or '000000001' if unknown	A
4.	MR_N	Character	10	Patient's medical record number: - Must be present	A
5.	Acct_N	Character	17	Hospital billing number for the patient: - Must be present	A
6.	MOSS	Character	9	Mother's social security number for infants up to 1 year old. - Must be present for infants one year old or less.	B

7.	MCD_ID	Character	17	<p>Medicaid Claim Certificate Number:</p> <ul style="list-style-type: none"> - Must be present if Payer Source Code has a Medicaid or Medicaid Managed Care Payer Type as specified in Outpatient Observation Data Code Tables. - Must be blank if payer source is not a Medicaid plan. 	A
8.	DOB	Character	ccyyymmdd	<p>Patient date of birth:</p> <ul style="list-style-type: none"> - Must be present - Must be valid date except 99 acceptable in month & day fields - Must not be later than the begin date 	A
9.	Sex	Character	1	<p>Patient's sex:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables 	A
10.	Race 1	Character	6	<p>Patient's race:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables 	B
11.	Zip_Code	Character	5	<p>Patient's zip code:</p> <ul style="list-style-type: none"> - Must be present - Must be numeric - Must be 0's if zip code is unknown or Patient Country is not 'US' 	B
12.	Ext_ZCode	Character	4	<p>Patient's 4 digit zip code extension:</p> <ul style="list-style-type: none"> - May be present - Must be numeric - If not present, leave blank 	

13.	Beg_Date	Date	ccyymmdd	Patient's beginning service date: - Must be present - Must be valid date - Must be less than or equal to end date	A
14.	End_Date	Date	ccyymmdd	Patient's ending service date: - Must be present - Must be valid date - Must be greater than or equal to begin date - Must not be earlier than Quarter Begin Date or later than Quarter End Date.	A
15.	Obs_Time	Character	4	Initial encounter time of day. - Must be present - Must range from 0000 to 2359	B
16.	Ser_Unit	Character	6	Unit of service is hours: - Must be present - Include decimal point with 2 places (for example 100.25)	A
17.	Obs_Type	Character	1	Patient's type of visit status: - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables	B
18.	Obs_1Srce	Character	1	Originating referring or transferring source for Observation visit: - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables	B

19.	Obs_2Srce	Character	1	<p>Secondary referring or transferring source for Observation visit:</p> <ul style="list-style-type: none"> - Must be present, if applicable - If not present, leave blank - Must be valid code as specified in Outpatient Observation Data Code Tables 	B
20.	Dep_Stat	Character	1	<p>Patient's departure status:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables 	A
21.	Payr_Pri	Integer	3	<p>Patient's primary source of payment:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables 	A
22.	Payr_Sec	Integer	3	<p>Patient's secondary payment source:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables - If not applicable, must be coded as "159" for <i>none</i> as specified in Outpatient Observation Data Code Tables. 	A
23.	Charges	Numeric	10	<ul style="list-style-type: none"> - Must be present - Must be numeric: - Must be whole numbers, no decimals. - Must be rounded up to the nearest dollar. (\$337.59 should be reported as \$338) 	A

24.	Surgeon	Character	6	Patient's surgeon for the principal procedure: - must be present if Principal Procedure is present - must be a valid and current Mass. Board of Registration in Medicine license number or - Must be "DENSG", "PODTR", "OTHER", NURSEP, PHYAST or "MIDWIF"	B
25.	Att_MD	Character	6	Patient's attending physician: - Must be present - Must be a valid and current Mass. Board of Registration in Medicine license number, or - Must be "DENSG", "PODTR", "OTHER", NURSEP, PHYAST or "MIDWIF"	B
26.	Oth_Care	Character	1	Other caregiver: - May be present - If not present, leave blank - If present, must be valid code as specified in Outpatient Observation Data Code Tables	B
27.	PDX	Character	7	Patient's principal diagnosis: - Must be present - Must be valid ICD code ⁺ in diagnosis file (exclude decimal point)	A
28.	Assoc_DX1	Character	7	Patient's first associated diagnosis: - If present, PDX must be present - Must be valid ICD code ⁺ in diagnosis file (exclude decimal point)	A

29.	Assoc_DX2	Character	7	Patient's second associated diagnosis: - If present DX1 must be present - Must be valid ICD code ⁺ in diagnosis file (exclude decimal point)	A
30.	Assoc_DX3	Character	7	Patient's third associated diagnosis: - If present, DX2 must be present - Must be valid ICD code ⁺ in diagnosis file (exclude decimal point)	A
31.	Assoc_DX4	Character	7	Patient's fourth associated diagnosis: - If present, DX3 must be present - Must be valid ICD code ⁺ in diagnosis file (exclude decimal point)	A
32.	Assoc_DX5	Character	7	Patient's fifth associated diagnosis: - If present, DX4 must be present - Must be valid ICD code ⁺ in diagnosis file (exclude decimal point)	A
33.	P_PRO	Character	7	Patient's Principal Procedure: - If entered must be valid ICD code ⁺ (exclude decimal point)	A
34.	P_PRODATE	Date	ccyyymmdd	Date of patient's Principal Procedure: - Must be present if P_PRO code is present - Must be a valid date - Must not be earlier than 3 days prior to beginning date of service - Must not be later than departure date (ending date of service)	B
35.	Assoc_PRO1	Character	7	Patient's first associated procedure: - If present, P_PRO code must be present - If entered, must be a valid ICD code ⁺ (exclude decimal point)	A

36.	AssocDATE1	Date	ccyymmdd	Date of patient's first Associated Procedure: - Must be present if Assoc_PRO1 code is present - Must be a valid date - Must not be earlier than 3 days prior to the beginning date of service - Must not be later than the ending date of service	B
37.	Assoc_PRO2	Character	7	Patient's second Associated Procedure: - If present, Assoc_PRO1 code must be present. - If entered must be valid ICD code ⁺ (exclude decimal point)	A
38.	AssocDATE2	Date	ccyymmdd	Date of patient's second associated procedure: - Must be present if Assoc_PRO2 code is present - Must be a valid date - Must not be earlier than 3 days prior to the beginning date of service - Must not be later the ending date of service	B
39.	Assoc_PRO3	Character	7	Patient's third associated procedure: - If present, Assoc_PRO2 code must be present. - If entered must be valid ICD code ⁺ (exclude decimal point)	A

40.	AssocDATE3	Date	ccyymmdd	Date of patient's third associated procedure: - Must be present if Assoc_PRO3 code is present - Must be a valid date - Must not be earlier than 3 days prior to the beginning date of service - Must not be later than ending date of service	B
41.	CPT1	Character	5	Patient's first CPT code: - If entered must be valid CPT code	A
42.	CPT2	Character	5	Patient's second CPT code: - If entered must be valid CPT code - If present, CPT1 must be present	A
43.	CPT3	Character	5	Patient's third CPT code: - If entered must be valid CPT code - If present, CPT2 must be present	A
44.	CPT4	Character	5	Patient's fourth CPT code: - If entered must be valid CPT code - If present, CPT3 must be present	A
45.	CPT5	Character	5	Patient's fifth CPT code: - If entered must be valid CPT code - If present, CPT4 must be present	A
46.	ED_Flag	Character	1	Flag to indicate whether patient was admitted to this outpatient observation stay from this facility's ED -Must be present	A
47.	Permanent Patient Street Address	Character	30	-Must be present when Patient Country is 'US' unless Homeless Indicator is 'Y'	B
48.	Permanent Patient City/Town	Character	25	-Must be present when Patient Country is 'US'	B
49.	Permanent Patient State	Character	2	-Must be present when Patient Country is 'US' -Must be valid U.S. 2 digit postal state code	B

50.	Patient Country	Character	2	Must be present - Must be a valid International Standards Organization (ISO-3166) 2-digit country code	B
51.	Temporary US Patient Street Address	Character	30	- Must be present when Patient Country is not 'US'	B
52.	Temporary US Patient City/Town	Character	25	- Must be present when Patient Country is not 'US'	B
53.	Temporary US Patient State	Character	2	- Must be present when Patient Country is not 'US' - Must be a valid U.S. 2 digit postal state code	B
54.	Temporary US Patient Zip Code	Character	9	- Must be present when Patient Country is not 'US' - Must be a valid US postal zip code	B
55.	Hispanic Indicator	Character	1	-Must be present -Must be valid code as specified in Outpatient Observation Data Code Tables	B
56.	Race 2	Character	6	Patient's secondary race: - May only be present if Race 1 is entered. - Must be valid code as specified in Outpatient Observation Data Code Tables	B
57.	Other Race	Character	15	Patient's other race: - May only be present if Race 1 is entered. - Must be present if Race 1 is R9 – Other Race.	B
58.	Ethnicity 1	Character	6	-Must be present -Must be valid code as specified in Outpatient Observation Data Code Tables	B

59.	Ethnicity 2	Character	6	- May only be present if Ethnicity 1 is entered. -Must be valid code as specified in Outpatient Observation Data Code Tables	B
60.	Other Ethnicity	Character	20	- May only be present if Ethnicity 1 is entered.	B
61.	Condition Present on Observation – Principal Diagnosis Code	Character	1	-Must be present -Must be valid code as specified in Outpatient Observation Data Code Tables	B
62.	Condition Present on Observation – Assoc. Diagnosis Code I	Character	1	-Must be present when Assoc. Diagnosis Code I is present -Must be valid code as specified in Outpatient Observation Data Code Tables	B
63.	Condition Present on Observation – Assoc. Diagnosis Code II	Character	1	-Must be present when Assoc. Diagnosis Code II is present -Must be valid code as specified in Outpatient Observation Data Code Tables	B
64.	Condition Present on Observation – Assoc. Diagnosis Code III	Character	1	-Must be present when Assoc. Diagnosis Code III is present -Must be valid code as specified in Outpatient Observation Data Code Tables	B
65.	Condition Present on Observation – Assoc. Diagnosis Code IV	Character	1	-Must be present when Assoc. Diagnosis Code IV is present -Must be valid code as specified in Outpatient Observation Data Code Tables	B

66.	Condition Present on Observation – Assoc. Diagnosis Code V	Character	1	<ul style="list-style-type: none"> -Must be present when Assoc. Diagnosis Code V is present -Must be valid code as specified in Outpatient Observation Data Code Tables 	B
67.	Homeless Indicator	Character	1	<ul style="list-style-type: none"> -Include if applicable. -Must be valid code as specified in Outpatient Observation Data Code Tables 	B
68.	Massachusetts Transfer Hospital Organization ID	Character	7	<ul style="list-style-type: none"> - Must be valid OrgID if originating or secondary referring or transferring Source of Observation is 4-Transfer from an Acute Hospital, 7-Outside Hospital Emergency Room Transfer, or 5- Transfer from an SNF Facility and the provider from which the transfer occurred is in Massachusetts. If provider from which the transfer occurred is outside Massachusetts, the transfer OrgID must be 99999999. - Must be a valid Organization ID as assigned by CHIA. Or 99999999 if facility was outside Massachusetts. 	B
69.	Surgeon for Associated Procedure I (Board of Registration in Medicine Number)	Character	6	<ul style="list-style-type: none"> - Must be present if Associated Procedure 1 Code is present. - Must be a valid and current Mass. Board of Registration in Medicine license number or - must be “DENSG”, “PODTR”, “OTHER”, NURSEP, PHYAST or “MIDWIF” 	B

70.	Surgeon for Associated Procedure 2 (Board of Registration in Medicine Number)	Character	6	<ul style="list-style-type: none"> - Must be present if Associated Procedure 2 Code is present. - Must be a valid and current Mass. Board of Registration in Medicine license number or - must be "DENSG", "PODTR", "OTHER", NURSEP, PHYAST or "MIDWIF" 	B
71.	Surgeon for Associated Procedure 3 (Board of Registration in Medicine Number)	Character	6	<ul style="list-style-type: none"> - Must be present if Associated Procedure 3 Code is present. - Must be a valid and current Mass. Board of Registration in Medicine license number or - must be "DENSG", "PODTR", "OTHER", NURSEP, PHYAST or "MIDWIF" 	B
72.	ICD Indicator	Character	1	<ul style="list-style-type: none"> - Must be present - Must indicate ICD Version - Must be "9" or "0" 	A

+ = All ICD-9-CM should be reported as the exact code excluding the decimal point. Zeros contained in the code should be reported. For example, the code '001.0' should be reported as '0010'.

Note: Any field not required and not present should be left blank.

2. Outpatient Observation Data Code Tables

No.	Field Name:	Description:
1.	Provider Organization Id	Hospital Organization ID, as assigned by Center for Health Information and Analysis, for the provider submitting observation stays in the file. (IdOrgFiler) Refer to Hospital Organization ID table below.
2.	Site Organization ID	Hospital Organization ID, as assigned by Center for Health Information and Analysis, for the site where care was given. Required if provider is approved to submit multiple campuses in one file. (IdOrgSite) Refer to Hospital Organization ID table below.

3.	Pt_ID	Patient social security number.
4.	MR_N	Patient's hospital medical record number.
5.	Acct_N	Hospital's billing number for the patient.
6.	MOSS	Mother's social security number for infants up to one year old or less.
7.	MCD_ID	Medicaid Claim Certificate Number.
8.	DOB	Birth century, year, month, and day.
9.	Sex	M=male F=female U=unknown.
10, 56.	Race 1, 2	R1=American Indian/Alaska Native, R2=Asian, R3=Black/African American, R4=Native Hawaiian or other Pacific Islander, R5=White, R9=Other Race, UNKNOW=Unknown/not specified
11.	Zip_Code	Patient's residential 5 digit zip code.
12.	Ext_Zcode	Patient's residential 4 digit zip code extension.
13.	Beg_Date	Century, year, month and day when service begins.
14.	End_Date	Century, year, month and day when service ends.
15.	Obs_Time	Initial Observation encounter time. The time the patient became an Observation Stay patient.
16.	Ser_Unit	The amount of time the patient has spent as an Observation Stay patient. The unit of service for Observation Stay is hours.
17.	Obs_Type	Observation Visit Status: 1 = Emergency, 2 = Urgent, , 3 = Elective, 4 = Newborn, 5 = Information Not Available.

18.	Obs_1Srce	<p>Originating Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral, 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Inform. Not Available, F = Transfer from a Hospice Facility, L = Outside Hospital Clinic Referral, M= Walk-in/Self Referral, R = Inside Hospital ER Transfer, T = Transfer from another Institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer.</p> <p>Example: If a patient is transferred from a SNF to the hospital's Clinic and then becomes an Observation Stay status, the Originating Observation Source would be "5 - Transfer from SNF".</p>
19.	Obs_2Srce	<p>Secondary Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral, 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Inform. Not Available, F = Transfer from a Hospice Facility, L = Outside Hospital Clinic Referral, M= Walk-in/Self Referral, R = Inside Hospital ER Transfer, T = Transfer from another institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer.</p> <p>Example: If a patient is transferred from a SNF to the hospital's Clinic and then becomes an Observation Stay status, the Secondary Observation Source would be "2 - Within Hospital Clinic Transfer".</p>
20.	Dep_Stat	Patient Disposition (Departure Status): 1 = Routine, 2 = Adm to Hospital, 3 = Transferred, 4 = AMA, 5 = Expired.
21.	Payr_Pri	Primary Source of Payment. Refer to the Payer Source description listed below.
22.	Payr_Sec	Secondary Source of Payment. Refer to the Payer Source description listed below. If there is no secondary source of payment, use payer source code #159 - NONE as listed in the Payer Source description table.
23.	Charges	Grand total of all charges associated with the patient's observation stay. The total charge amount should be rounded up to the nearest dollar. For example, \$3562.79 should be reported as \$3563.

24.	Surgeon	Surgeon's Mass. Board of Registration in Medicine License Number or "DENSG", "PODTR", "OTHER", "NURSEP", "PHYAST" or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively.
25.	Att_MD	Attending Physician's Mass. Board of Registration in Medicine License Number or "DENSG", "PODTR", "OTHER", "NURSEP", "PHYAST" or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively.
26.	Oth_Care	Other primary caregiver responsible for patient's care: 1 = Resident, 2 = Intern, 3 = Nurse Practitioner, 4 = Not Used, 5 = Physician Assistant.
27.	PDX	ICD Principal Diagnosis excluding decimal point.
28-32	Assoc_DX	ICD Associated Diagnosis, up to five associated diagnoses excluding the decimal point.
33.	P_PRO	Principal ICD Procedure excluding decimal point.
34.	P_PRODATE	Date (century, year, month and day) of patient's principal procedure.
35. 36. 37.	Assoc_PRO	ICD Associated Procedures, up to three associated procedures excluding the decimal point.
38. 39. 40	AssocDATE	Date(s) (century, year, month and day) of patient's associated procedures, up to three.
41-45.	CPT	CPT4, up to five CPT codes.
46.	ED_Flag	0=not admitted to observation from the ED, no ED visit reflected on this record; 1= not admitted to observation from the ED, but ED visit(s) reflected in this record; 2=admitted to observation from the ED.
47.	Permanent Patient Street Address	Patient's residential address including number, street name, and type (i.e. street, drive, road) This is required if the patient is a United States citizen. If the patient is homeless, this field may be left blank.

48.	Permanent Patient City/Town	Patient's residential city or town. This is required if the patient is a United States citizen.
49.	Permanent Patient State	Patient's residential state using the 2 digit postal code. This is required if the patient is a United States citizen.
50.	Patient Country	Patient's residential country using the International Standards Organization (ISO) 2-digit country code. This is required for all observation records.
51.	Temporary US Patient Street Address	The temporary United States street address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.
52.	Temporary US Patient City/Town	The temporary United States city/town where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.
53.	Temporary US Patient State	The US Postal Service code for the state of the temporary address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.
54.	Temporary US Patient Zip Code	The US Postal Service zip code for the temporary address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.
55.	Hispanic Indicator	Y = Patient is Hispanic/Latino/Spanish N = Patient is not Hispanic/Latino/Spanish
57.	Other Race	Additional Race description entered when the codes for Race 1 and Race 2 do not adequately capture the patient's race.

58 - 59.	Ethnicity 1, 2	Use Ethnicity Codes codes from the Center for Disease Control : http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf OR Refer to the Ethnicity code table listed below.
60.	Other Ethnicity	Additional Ethnicity description entered when the codes for Ethnicity 1 and Ethnicity 2 do not adequately capture the patient's ethnicity.
61.	Condition Present on Observation – Principal Diagnosis Code	Condition present on observation for Principal Diagnosis Code. Y = Yes, N = No, U = Unknown, W = Clinically undetermined, 1=Exempt, A = Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM codes for POA flag.)
61 – 66.	Condition Present on Observation – Assoc. Diagnosis Code	Condition present on observation for diagnosis codes 1 – 5. Y = Yes, N = No, U = Unknown, W = Clinically undetermined, 1=Exempt, A = Not applicable (only valid for NCHS official published list of not applicable ICD codes for POA flag.)
67.	Homeless Indicator	Y = Patient is known to be homeless N = Patient is not known to be homeless
68.	Massachusetts Transfer Hospital Organization ID	Must be a valid Organization ID as assigned by Center for Health Information and Analysis for the transferring hospital providing the transferring hospital is in Massachusetts. Refer to Hospital Organization ID table below.
69. - 71.	Surgeon for Associated Procedure I - 3 (Board of Registration in Medicine Number)	Physician's Mass. Board of Registration in Medicine License Number or "DENSG", "PODTR", "OTHER", "NURSEP", "PHYAST" or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively.
72.	ICD Indicator	International Classification of Diseases version for Diagnosis Codes. Report the value that defines whether the diagnoses on claim are ICD9 = "9" or ICD10 = "0". ICD 9 will be allowed through End Date of 9/30/2015 only.

Hospital Organization ID

<u>ORG ID</u>	<u>CURRENT ORGANIZATION NAME</u>
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1	Anna Jaques Hospital
2	Athol Memorial Hospital
6	Baystate Mary Lane Hospital
4	Baystate Medical Center
7	Berkshire Medical Center - Berkshire Campus
9	<i>Berkshire Medical Center - Hillcrest Campus</i>
53	Beth Israel Deaconess Hospital - Needham
10	Beth Israel Deaconess Medical Center - East Campus
16	Boston Medical Center - Harrison Avenue Campus
144	<i>Boston Medical Center - East Newton Campus</i>
19	<i>East Boston Neighborhood Health Center</i>
22	Brigham and Women's Hospital
25	Brockton Hospital
27	Cambridge Health Alliance - Cambridge Campus
143	<i>Cambridge Health Alliance - Somerville Campus</i>
142	<i>Cambridge Health Alliance - Whidden Memorial Campus</i>
39	Cape Cod Hospital
42	Caritas Carney Hospital
62	Caritas Good Samaritan Medical Center - Brockton Campus
75	Caritas Holy Family Hospital and Medical Center
41	Caritas Norwood Hospital
126	Caritas St. Elizabeth's Medical Center
46	Children's Hospital Boston
132	Clinton Hospital
50	Cooley Dickinson Hospital
51	Dana-Farber Cancer Institute
57	Emerson Hospital
8	Fairview Hospital
40	Falmouth Hospital
59	Faulkner Hospital
5	Franklin Medical Center
66	Hallmark Health System - Lawrence Memorial Hospital Campus
141	Hallmark Health System - Melrose-Wakefield Hospital Campus
68	Harrington Memorial Hospital
71	Health Alliance Hospitals, Inc.
73	Heywood Hospital
77	Holyoke Medical Center
78	Hubbard Regional Hospital
79	Jordan Hospital
81	Lahey Clinic -- Burlington Campus
83	Lawrence General Hospital

85	Lowell General Hospital
133	Marlborough Hospital
88	Martha's Vineyard Hospital
89	Massachusetts Eye and Ear Infirmary
91	Massachusetts General Hospital
118	Mercy Medical Center - Providence Behavioral Health Hospital Campus
119	Mercy Medical Center - Springfield Campus
70	Merrimack Valley Hospital
49	MetroWest Medical Center - Framingham Campus
457	<i>MetroWest Medical Center - Leonard Morse Campus</i>
97	Milford Regional Medical Center
98	Milton Hospital
99	Morton Hospital and Medical Center
100	Mount Auburn Hospital
101	Nantucket Cottage Hospital
52	Nashoba Valley Medical Center
103	New England Baptist Hospital
105	Newton-Wellesley Hospital
106	Noble Hospital
107	North Adams Regional Hospital
116	North Shore Medical Center, Inc. - Salem Campus
3	<i>North Shore Medical Center, Inc. - Union Campus</i>
109	Northeast Health System - Addison Gilbert Campus
110	Northeast Health System - Beverly Campus
112	Quincy Medical Center
114	Saint Anne's Hospital
127	Saint Vincent Hospital
115	Saints Memorial Medical Center
122	South Shore Hospital
123	Southcoast Hospitals Group - Charlton Memorial Campus
124	Southcoast Hospitals Group - St. Luke's Campus
145	Southcoast Hospitals Group - Tobey Hospital Campus
129	Sturdy Memorial Hospital
104	Tufts-New England Medical Center
131	UMass Memorial Medical Center - University Campus
130	<i>UMass Memorial Medical Center - Memorial Campus</i>
138	Winchester Hospital
139	Wing Memorial Hospital and Medical Centers

Source of Payment

*SRCPAY CODE	* SOURCE OF PAYMENT DEFINITIONS	MATCH-ING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State - a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	E	PPO
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England, Inc	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 and 250)		

30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 and 158)		
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company - HMO (New for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (New for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health New England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare Of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue CHiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life	7	COM

	Insurance)		
65	Paul Revere Life Insurance	7	COM
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice- PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by # 84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	UniCare	7	COM
98	Healthy Start	9	FC

99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care - Community Health Plan	B	MCD-MC
108	Medicaid Managed Care - Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care - Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care - Health New England	B	MCD-MC
111	Medicaid Managed Care - HMO Blue	B	MCD-MC
112	Medicaid Managed Care - Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care - Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care - United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care - Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by # 222)		
125	Medicare HMO - Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO - Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO - HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO - Kaiser Medicare Plus Plan **	F	MCR-MC
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO - Pilgrim Enhance 65 **	F	MCR-MC

132	Medicare HMO - Matthew Thornton Senior Plan	F	MCR-MC
133	Medicare HMO - Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO - Other (not listed elsewhere) ***	F	MCR-MC
135	Out-of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (Not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other(Not listed elsewhere)***	C	BCBS-MC
156	Out of state BCBS	6	BCBS
157	Metrahealth - PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth - HMO (United Health Care of NE)	D	COM-MC
159	None (Valid only for Secondary Source of Payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC
163	United Healthcare Insurance Company - POS (New for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS

167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth - POS (United Health Care of NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	UniCare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185 -198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205 209	Reserved		
210	Medicare HMO - Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO - Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement **	F	MCR-MC
213 -219	Reserved		

220	Medicare HMO - Blue Care 65	F	MCR-MC
221	Medicare HMO - Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO - Healthsource CMHC	F	MCR-MC
223	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO - Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO - US Healthcare	F	MCR-MC
226-229	Reserved		
230	Medicare HMO - HCHP First Seniority	F	MCR-MC
231	Medicare HMO - Pilgrim Prime	F	MCR-MC
232	Medicare HMO - Seniorcare Direct	F	MCR-MC
233	Medicare HMO - Seniorcare Plus	F	MCR-MC
234	Medicare HMO - Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM -MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM - MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

** Supplemental Payer Source

*** Please list under the specific carrier when possible

**SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY:**

137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance co.	7	COM
127	Medicare HMO -Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO -HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO-Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC

Ethnicity Codes

Ethnicity Code	Ethnicity Definition
AMERCN	American
BRAZIL	Brazilian
CVERDN	Cape Verdean
CARIBI	Caribbean Island
PORTUG	Portuguese
RUSSIA	Russian
EASTEU	Eastern European

OTHER	Other Ethnicity
UNKNOWN	Unknown/not specified

3. Observation Data Quality Standards

The data will be edited for compliance with the edit specifications set forth in Outpatient Observation Data Record Specifications. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of Category A or B errors as listed in the record specifications for each data element under the following conditions:

- (a) All errors will be recorded for each patient discharge. A patient discharge will be rejected if there is:
 - (i) Presence of one or more error flags for Category A elements.
 - (ii) Presence of two or more errors for Category B elements.
- (b) A hospital data submission will be rejected if:
 - (i) 1% or more of discharges are rejected or
 - (ii) 50 consecutive records are rejected.
- (c) Acceptance of data under the edit check procedures identified in this specification or in 114.1 CMR 17 shall not be deemed acceptance of the factual accuracy of the data contained therein.

4. Submittal Schedule

Hospital Outpatient Observation Data Files must be submitted quarterly to the CHIA according to the following schedule:

Quarter	Quarter Begin & End Dates	Due Date for Data File: 75 days following the end of the reporting period
1	10/1 – 12/31	3/16
2	1/1 – 3/31	6/14
3	4/1 – 6/30	9/13

Quarter	Quarter Begin & End Dates	Due Date for Data File: 75 days following the end of the reporting period
4	7/1 – 9/30	12/14

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